



University of California, Berkeley

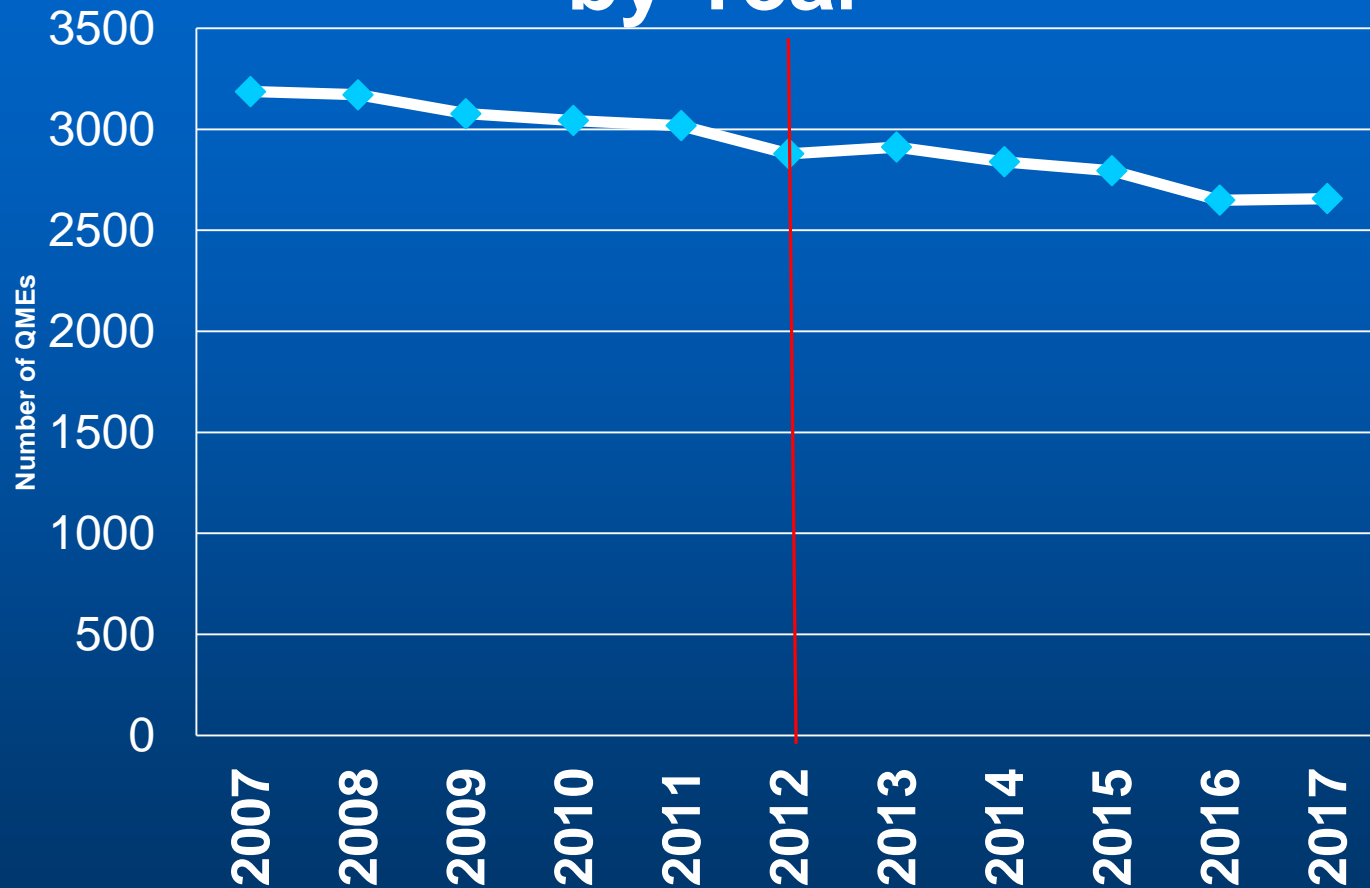
Updating Trends in Qualified Medical Evaluations

Commission on Health and Safety and Workers'
Compensation
October 2017

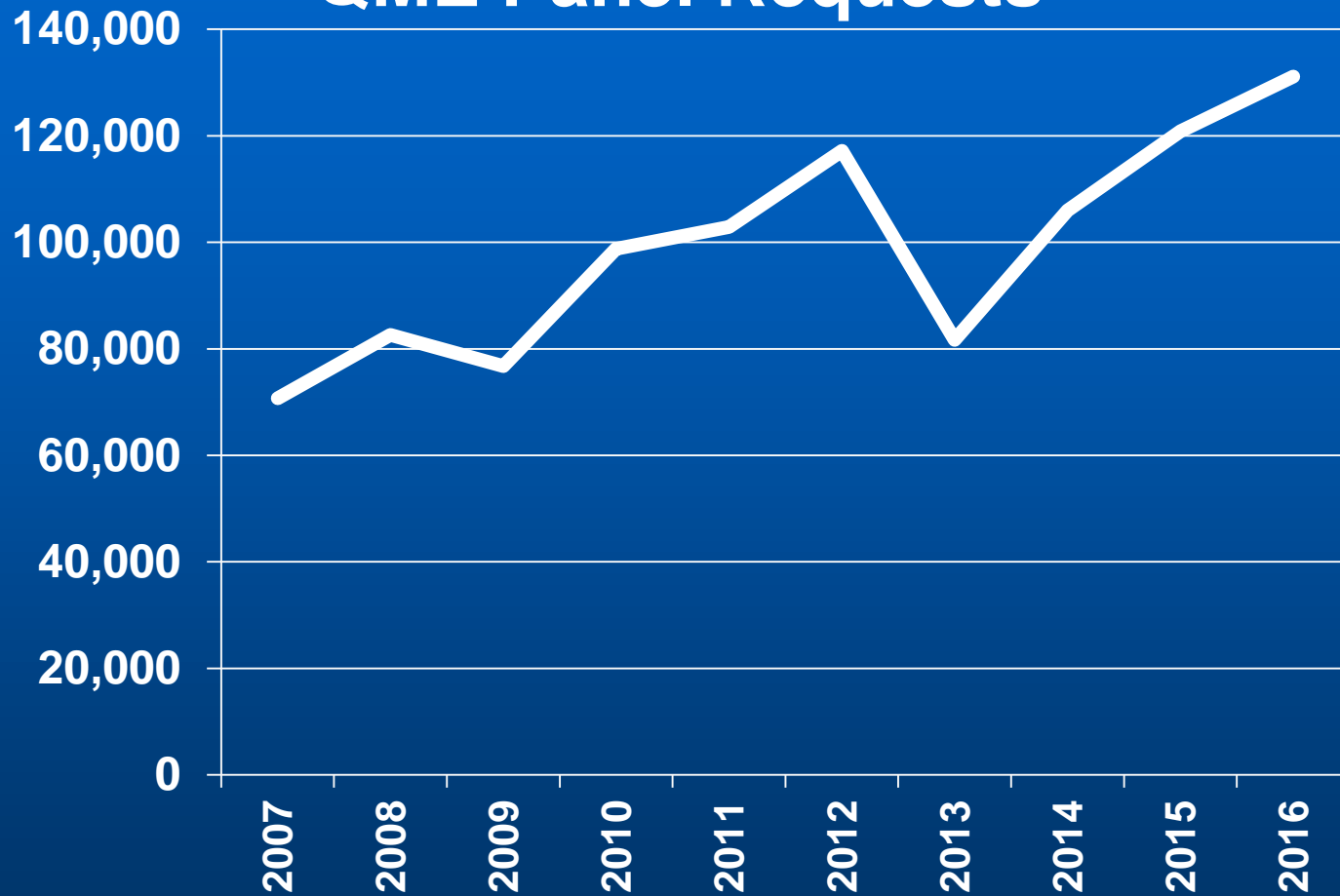
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- **2010 QME Study**
- **SB 863**
 - **Limited QMEs to 10 locations**
 - **Changed the rules for selecting Panel QMEs**
 - **IMR process**

Number of QMEs Registered by Year



QME Panel Requests

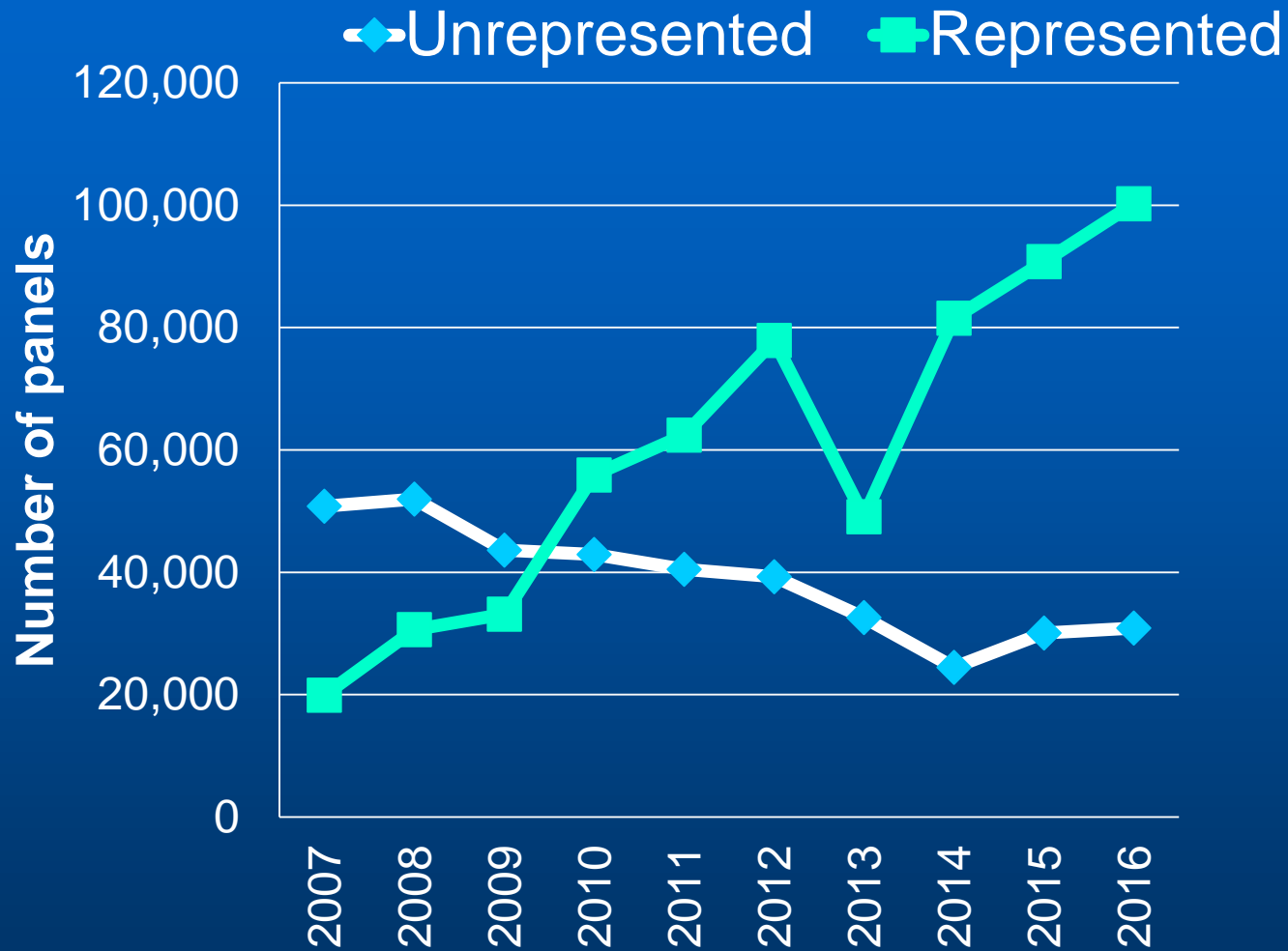


Changes 2007-2016: Reports, Cost & QME Income

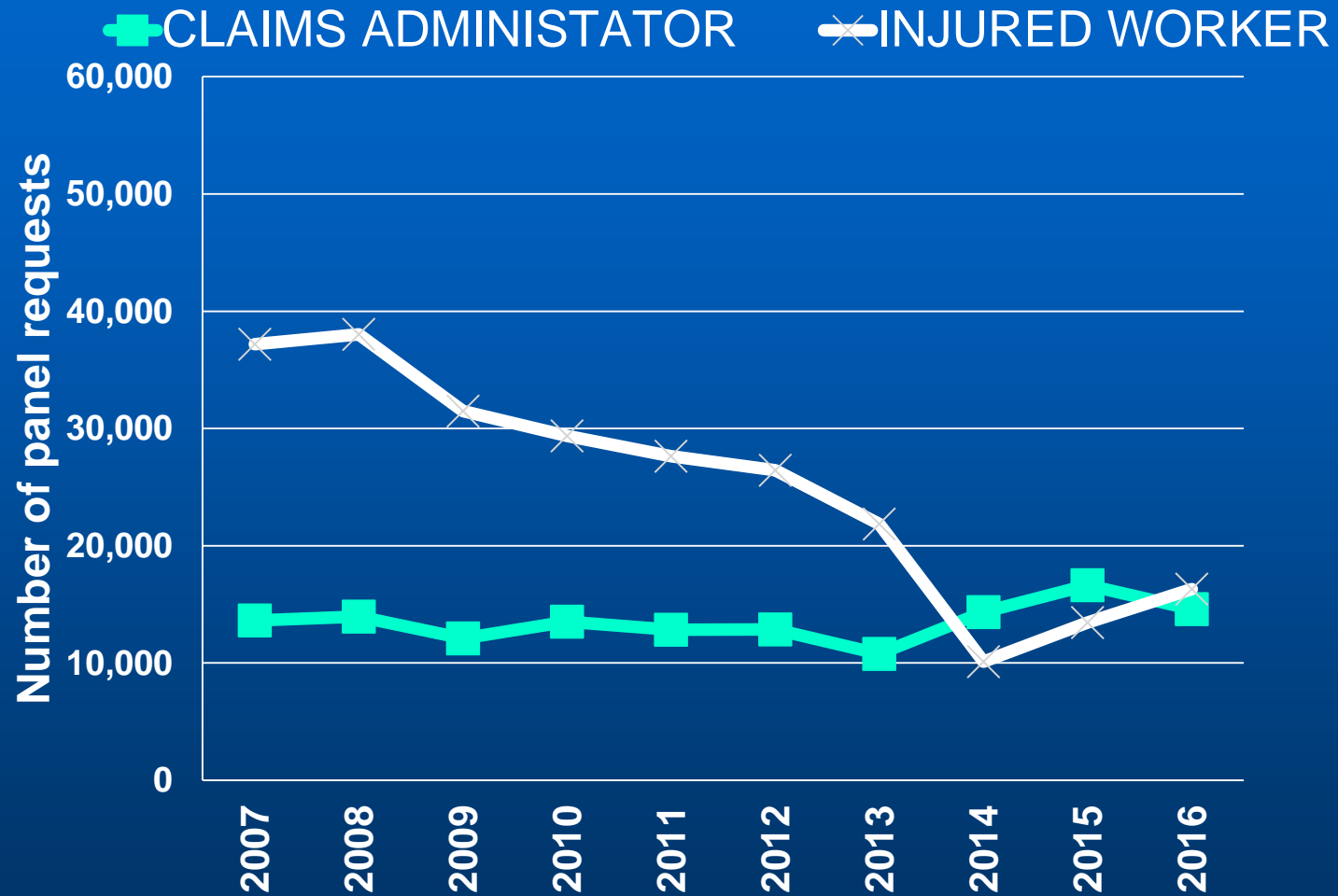
% Change 2007-2016

Number of QMEs	-17%
Average \$/Report*	+69%
Average Unreplaced Referrals/QME ^a	+101%
Average QME Income from Reports*	+240%
Total Cost QME Reports*	+182%

QME Panels by Track



Requesting Party--Unrepresented Track



PROOF OF SERVICE

Instructions:

- 1. Complete the Proof of Service.**
- 2. For Employee: Mail the completed signed form and Proof of Service to: Division of Workers' Compensation – Medical Unit
P.O. Box 71010, Oakland, CA 94612 (510) 286-3700 or (800) 794-6900**
- 3. For Employee: Mail or deliver a signed copy of the form and Proof of Service to your Claims Administrator.**
- 4. For Claims Administrator/Defense Attorney: Mail the completed signed form attach a copy of the written objection to an opinion of a treating physician, and Proof of Service, to the Medical Unit with a copy served to the Employee.**

QME form 105 Declaration

**I declare, under penalty of perjury
under the laws of the State of California,
that the foregoing is true and correct.**

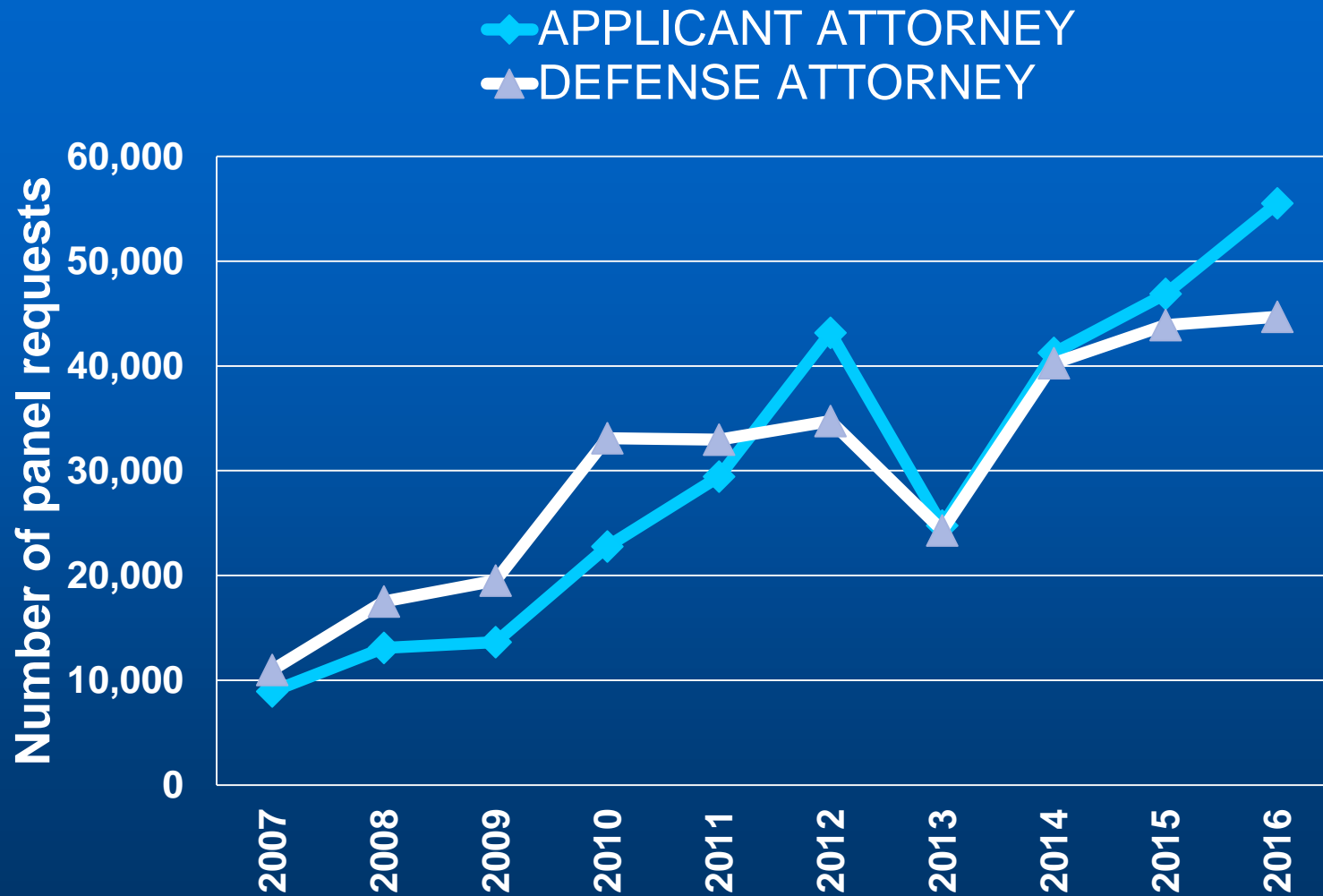
Executed on_____

at_____, **California**

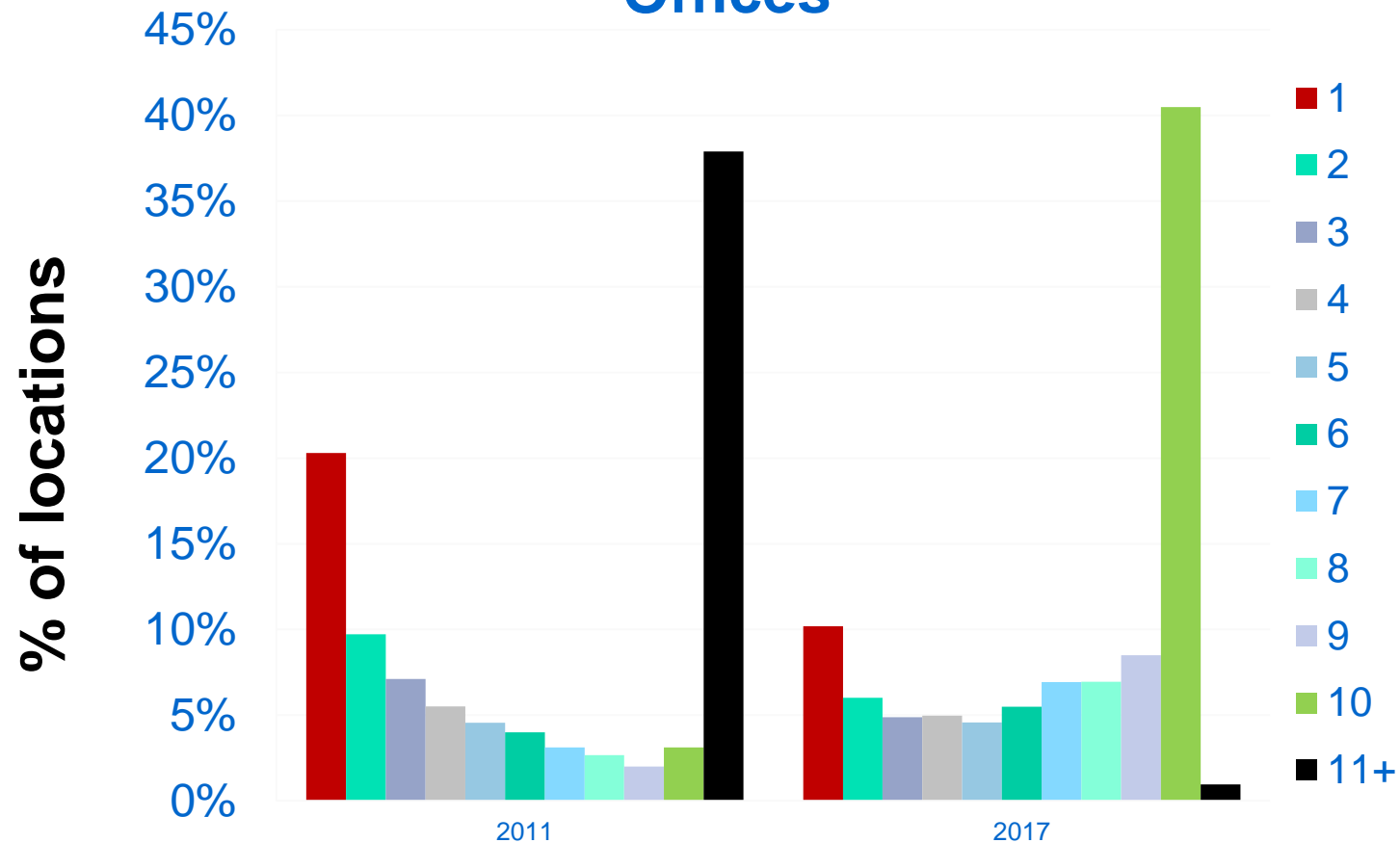
Type or Print Name:_____

Signature:_____

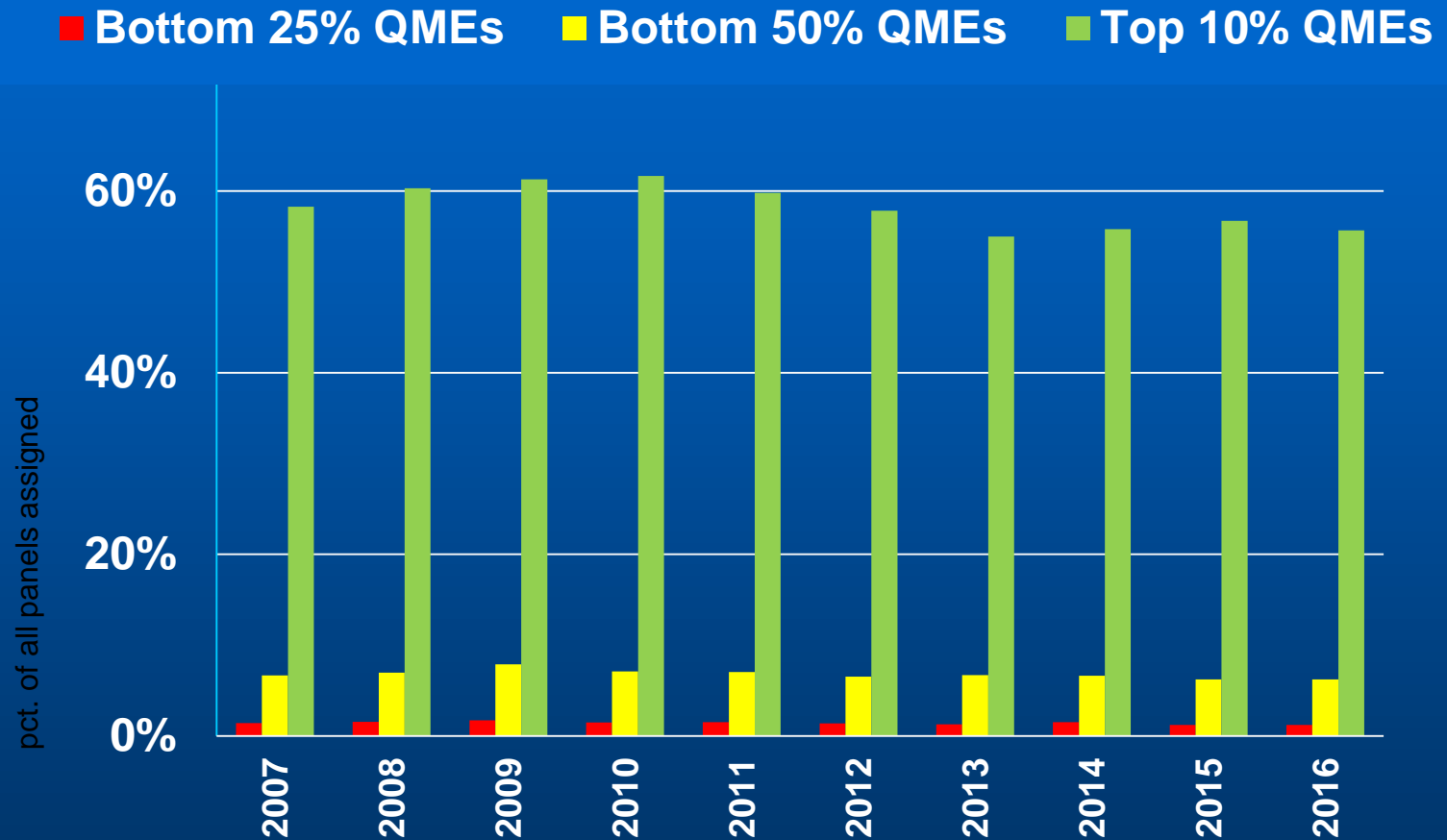
Requesting Party--Represented Track



Fraction of all Locations: QMEs with X Offices



Distribution of Panel Assignments



Bias Among High volume QMEs?

- 2010 study found very high volume QMEs gave substantially more conservative ratings than the average QME (7%-18% lower).
- This study does not find the same concern. High volume QMEs' evaluations are only marginally different from average.

QMEs: Suspended or Restricted

- LC 129.21
- LC 4615
- 41 suspended providers acted as QMEs between 2007 & 2017
 - 1.6% of assignments
 - 4.6% of panels with at least 1 suspended QME

Concentration of Suspended QMEs in Specialties

Specialty requested

% of panels with at least one suspended/restricted provider

MAP (Pain Management - Anesthesiology)

49.6%

MAA (Anesthesiology)

49.2%

MPP (Pain Management - Pain Medicine)

41.4%

MPA (Pain Medicine)

16.7%

MPR (Physical Medicine & Rehabilitation)

16.3%

MMH (Internal Medicine - Hematology)

15.2%

Summary of Findings

- **Number of QMEs continues to decline, but more slowly**
- **Rapid increase in number of QME requests**
- **More assignments, higher reimbursements per report—240% increase in average QME income**

Summary of Findings

- All increase in panel requests is from represented claims (+400%)
- Decrease in unrepresented track panels entirely driven by decrease in requests by injured workers(-55%)

Summary of Findings

- **SB 863 restriction to maximum 10 locations**
 - **Eliminated very high volume QMES (11-130 office locations)**
 - **QME assignments now dominated by providers with exactly 10 offices, likely driven by the role of QME “Aggregators”**
 - **Steep decline in providers with just 1-4 offices**

Summary of Findings

- QMEs suspended under LC 129.21 & LC 4615 represent small fraction of all QMEs
- However, for specific specialties, there is a very high concentration of suspended providers

Suggestions for DWC Action

- Evaluate the role of QME
 - “Aggregators” in system trends
 - Unit price
 - Increase in requests
 - Possible improvements in efficiency
 - Report quality & consistency?
 - Barrier to entry by new QMEs

Suggestions for DWC Action

- **Review the continued use of the QME pain specialties**
 - **Elimination or modification of registration?**

Suggestions for DWC Action

- **Review requirements for unrepresented workers filing QME requests**
 - **Elimination of “penalty of perjury” statement**
 - **Elimination of need to serve claims administrator—replace with automatic notification by Division?**

Improving DWOC Data Resources

- **Capture, electronically, the reason for unrepresented worker QME requests**
- **Link WCIS unit price data for medical-legal reports and QME panel data**
- **Link data for better analysis**
 - **WCIS FROI/SROI**
 - **EAMS**
 - **QME panel**
 - **DEU Data**

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Description	Code	2015	2016
Compensability Dispute (where no part of the claim is accepted)	001	40.2%	42.5%
Permanent Disability	002	24.6%	21.4%
Future Medical Treatment	003	3.8%	4.2%
Temporary Disability	004	7.8%	6.8%
Permanent and Stationary Status	005	11.0%	11.4%
Work Restriction	006	2.1%	2.2%
Ability to Return to Work	007	1.3%	1.6%
Apportionment	008	0.5%	0.4%
Diagnosis	009	5.0%	6.4%
Causation (involving an additional body part); new and further injury; compensability consequence	010	3.7%	3.3%

Trend in Total Med-Legal \$s

YEAR	Med-Legal \$s (Millions)
2016	\$340
2015	\$342
2014	\$336
2013	\$174
2012	\$192
2011	\$174
2010	\$169
2009	\$160
2008	\$202
2007	\$150
2006	\$162

Changes in Unit Price

- Highest for

- ML-101 (Follow-up) \$ 768 - \$1,389
- ML-106 (Supplemental) \$ 553 - \$ 736
- Also, big increase in Number of ML-106